

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th St. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reprint Form

IA ETHICS AND
 CAMPAIGN DISCLOSURE
 2010 DEC -7 PM 2:41

COMMITTEE NAME (Must be same as on Statement of Organization)
Paid for battle Committee to elect Joe Cruise

IMPORTANT: Indicate by # type of committee you are reporting for: 05
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name Joe Cruise Political Party (if applicable) Democrat
 Office Sought County Supervisor District (if Senate or House) 3

FORM DR-2
 (Rev. 12/2009)

DISCLOSURE REPORT

For Office Use Only
 Comm. # _____
 Logged in _____
 Scanned _____
 Computer _____
 Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mary Cruise, Treas 319-465-4093 12/7/10
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Jan 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see In-kind below")
 Schedule F: Loans Received total (Attach Schedule F)
 Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")
 Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

795.24 ✓
 170.00 ✓
 516.00
 0
 (1481.24)
 1395.57 (1397.57)
 85.67 (83.67)
 0
 2430.33
 YES NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*paid for by the Committee to elect J. C. ...*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/19/10	ID# CK# 11681	Daniel R. Savage P.O. Box 617 Monticello, IA 52310	friend	\$ 150.00	<input type="checkbox"/>
10/27/10	ID# CK# 5878	Daniel Wright 17612 Hwy 38 Monticello, IA 52310-7756	friend	20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 170.00

TOTAL (If last page of this schedule)

\$ 170.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Ballot Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Paid for the Committee to elect Joe Cruise

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/4/10	ID# CK# 1008	New Publishing Co Box 286 1126 Mills St Black River Falls, WI 53515	Brochure insert to Town Clerk	\$ 75.20
	ID# CK# 1009	Check later voided due to their @ Town Clerk		
11/11/10	ID# CK# 1009	Monticello Express Express Printing Co. P.O. Box 191 Monticello, IA 52310	Brochure inserts + Add's.	1091.12
11/11/10	ID# CK# 1010	Midland Times 301 W Webster St Wyoming, IA 52362	Add's.	131.25
11/29/10	ID# CK# 1011	Iowa Ethics & Campaign Disclosure Board 50 E 12. Suite 1A Des Moines, IA 50319	penalty for late Oct 19 Report	100.00
	ID# CK#	State of IA - (check)		
11/29/10	ID# CK# 1012	Security State Bank 124 E Oak St Monticello, IA 52310	check cancelled fee for #1008	16.05
	ID# CK# 1013	New Publishing Co. Box 286 1126 Mills St Black River Falls, WI 53515	payment for inserts + Add's minus charge of cancelled check	59.15
SUB-TOTAL				\$ 1395.57
TOTAL (If last page of this schedule)				\$ 1395.57

VOID-
do
not
include

(1397.57)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(1).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Paid for the Committee to elect Joe Crum

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/6/10	Joe Crum 12634 704th St Monticello, IA 57310	Self	to let. work for Campaign	\$ 2430.33	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

2430.33

TOTAL (if last page of this schedule)

\$

2430.33

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 of 7
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Paid for by the Committee to elect Joe Crum

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2000

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAY☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
11/12/10	Joe Crum 12639 170th St Monticello, IA 52310	Self	\$ 516.00

TOTAL (PART I)

\$ 516.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
12/6/10	Joe Crum 12639 170th St Monticello, IA 52310	Self	\$ 85.67

TOTAL CASH REPAYMENTS (PART II)

\$ 85.67 (83.67)

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 2430.33 (2432.33)

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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(for Schedule F)